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March 3, 2005

TO: Each Supervisor

FROM: Thomas L. Garthwaite, MD  
Director and Chief Medical Officer

**SUBJECT: STATUS REPORT OF THE LAC+USC MEDICAL CENTER  
REPLACEMENT FACILITY – MOVE TRANSITION AND  
IMPLEMENTATION OF INFORMATION TECHNOLOGY SOLUTIONS**

I am writing to provide your Board with an update on the status of the move transition and implementation of information technology to support a paperless clinical environment for the LAC+USC Medical Center Replacement Facility.

As you know, the facility is just over half completed and is slated to be turned over the Department of Health Services for occupation in the fall of 2007. Two key components of the Department's move into the new facility are the development and implementation of a move transition plan and the installation of the technology necessary to support a paperless environment.

Move Transition

On November 4, 2004, your Board approved a consultant services agreement with Facilities Development Inc. (FDI) for the provision of move transition planning and implementation services at LAC+USC Medical Center. The consultants have been working with LAC+USC Medical Center Replacement Facility staff, as well as the Public Works Project Manager, to develop a transition plan budget and a milestone transition schedule that will identify all tasks and activities that must take place for the move transition. The major services to be provided by FDI include:

*Milestone Schedule:* FDI will review all existing documents, including the Basis for Design Report prepared by the architects and other move planning documents developed by the various consultants associated with the Replacement Project. FDI will also conduct in-depth interviews with key stakeholders to identify global issues that apply throughout the organization and cut across multiple departments. FDI will create a schedule integrating all occupancy-related key activities, including but not limited to contractor's schedule, equipment and furniture receipt and installation dates, regulatory reviews and inspections, and budget cycles. The Department will provide you with the transition schedule and budget once they are completed.

*Transition Planning Budgeting:* FDI will assist and guide the hospital to identify those occupancy-related expenses, as well developing and providing a detailed budget guideline for the hospital to identify and track all move transition costs by type and service.

*Transition Plan Infrastructure:* The consultants will assist in the development and implementation of an organizational planning structure for the Replacement Project. This structure will include a Steering Committee and various subcommittees that will address all key areas that must be organized and coordinated, such as patient care, employee orientation, support services, marketing, and information systems/telecommunications.

*Move Sequence/Department Move Planning:* FDI consultants will develop a comprehensive move sequence plan based upon interviews and questionnaires with key staff from across the hospital, as well as develop customized comprehensive, detailed Department Occupancy Manuals. The manuals will serve as the planning document for each clinical department or service and will identify tasks, responsibilities, and timelines, including department move dates and area preparation activities.

*Mock Patient Move:* In order to prepare staff for the final move, FDI will coordinate and conduct a mock patient move that includes multiple move scenarios, as well as a subsequent debriefing to evaluate what is learned and where additional work is required.

*Moving Company Selection:* Finally, FDI will assist the County in developing the scope of work for and conducting a solicitation for a moving company to make the physical move from the current hospital into the Replacement Facility.

#### Electronic Medical Record

The original design for the Replacement Facility assumed that the medical record system used in the new hospital would be paperless. As a result, there was no medical record storage space programmed for the new facility. At the time, it was envisioned that the technology to support fully electronic medical record would be sufficiently mature to purchase and implement in the new hospital. Based on a review of the availability and experience of other hospitals with this technology around the country, the Department's

Chief Information Officer determined that this mode of technology was not sufficiently developed at this time to implement in the Replacement Facility.

In order to meet both the requirement for minimal or no paper in the patient units, and meet the established occupancy date for the Replacement Facility, the Department modified its approach to utilize document imaging as a solution to the paper document storage issues. This solution is designed to scan the medical records after the patient has been seen into an electronic document management system that can be stored and retrieved at a later time, as needed.

The Hospital Information System (HIS) used by all DHS facilities is the QuadraMed's Affinity system, which serves as the backbone of any future information technology enhancements. Implementation of the Affinity system at LAC+USC Medical Center has lagged behind the rest of the Department. In 2002, LAC+USC Medical Center appointed a new Chief Information Officer (CIO) the pace of implementation has been greatly accelerated. LAC+USC Medical Center has fully implemented the Laboratory and Radiology order management components of Affinity, which represent over 50 percent of all clinical orders placed. The current pace of progress will enable the hospital to complete the implementation of Affinity across the campus June 2006 and move forward with installation of a document imaging system to electronically capture and store patient information in time for the opening of the new facility.

There are planned efficiencies that can be realized in the Replacement Facility only if the dependence on paper-based processes is substantially reduced and/or eliminated. In order for this to occur, the following critical activities must take place prior to the occupancy of the Replacement Facility:

- Maximize utilization of the Affinity system, which will in turn reduce the reliance on paper based patient care ordering and communication methods.
- Reduce or eliminate the reliance on paper based medical records storage.
- Establish a solid foundation for future advances in Clinical Systems.

In order to achieve these goals, the following activities are currently in process and are scheduled for completion prior to the occupancy of the Replacement Facility:

- Aggressively implement Affinity within the LAC+USC Healthcare Network and monitor the utilization. The anticipated completion is currently scheduled for the 2<sup>nd</sup> quarter of Fiscal Year 2005-06.
- Select and implement a Document Imaging system that tightly integrates with Affinity. The anticipated completion is currently scheduled for the second quarter of Fiscal Year 2006-07.

- Establish a post-discharge Patient Chart scanning process that eliminates the reliance on paper based Medical Records for follow-up or subsequent visits. The anticipated completion is currently scheduled for the second quarter of Fiscal Year 2006-07.

Full implementation of the items discussed above will substantially improve the processes for the ordering and documentation of patient care. It will also position the LAC+USC Healthcare Network to be ready to take advantage of Electronic Medical Records (EMR) systems as they become more mature.

The Department will be reporting to your Board quarterly on the progress of implementing both the move transition and information technology activities. In the meantime, please let me know if you have any questions.

TLG:cr

c: Chief Administrative Officer  
County Counsel  
Executive Officer, Board of Supervisors  
Acting Director of Public Works  
LAC+USC Replacement Facility Project Advisory Committee